

# EXHIBIT P 1

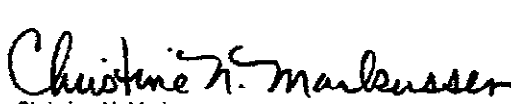
to COMPLAINT FOR INTERPLEADER




# Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

Metropolitan Life Insurance Company will pay the amount of insurance and provide the other benefits of this policy according to its provisions.

  
Christine N. Markussen  
Vice-President and Secretary

  
Harry P. Kamen  
Chairman, President & Chief Executive Officer

Insured                      **LAMONT LOUDENSLAGER**

Specified  
Face Amount              **\$100,000**              **AS OF OCT. 2, 1995**  
of Insurance

Policy Number              **958 201 834 UM**

## **Flexible Premium Multifunded Life Insurance Policy**

Life insurance payable if the insured dies before the Final Date of Policy.

Cash Value, if any, less any policy loan and loan interest, payable on the Final Date.

Adjustable death benefit.

Premiums payable while the insured is alive and before the Final Date of Policy.

Premiums must be sufficient to keep the policy in force.

Not eligible for dividends.

**THE CASH VALUE IN EACH INVESTMENT DIVISION OF THE SEPARATE ACCOUNT IS BASED ON THE INVESTMENT EXPERIENCE OF THAT INVESTMENT DIVISION AND MAY INCREASE OR DECREASE DAILY. IT IS NOT GUARANTEED AS TO DOLLAR AMOUNT. SEE THE SEPARATE ACCOUNT PROVISION ON PAGE 11.**

**The cash value in the Fixed Account will be credited with interest at a guaranteed rate of 4% a year. We may credit additional interest in excess of the guaranteed rate. See the Fixed Account provision on page 9.**

**THE AMOUNT OR THE DURATION OF THE DEATH BENEFIT, OR BOTH, DEPEND UPON THE AMOUNT OF THE CASH VALUE.**

**Right to Examine Policy—Please read this policy. You may return this policy to us or to the account representative through whom you bought it within 10 days from the date you receive it or within 45 days after the application is signed, whichever period ends later. If you return it within this period, the policy will be void from the beginning. We will refund any premium paid.**

See Table of Contents and Company address on the last page.

**READ THIS POLICY CAREFULLY.** This policy is a legal contract between the policy owner and Metropolitan Life Insurance Company.

## **DUPLICATE POLICY**

METROPOLITAN LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

DATE OF POLICY . . . . . OCTOBER 2,1995  
INSURED'S AGE AND SEX . . . . . 41 MALE  
FINAL DATE OF POLICY . . . . . POLICY ANNIVERSARY AT AGE 95  
DEATH BENEFIT . . . . . OPTION A (SEE PAGE 7)  
OWNER . . . . . LAMONT LOUDENSLAGER  
BENEFICIARY . . . . . KYM LOUDENSLAGER  
CONTINGENT BENEFICIARY . . . . . SEE APPLICATION  
  
POLICY CLASSIFICATION . . . . . PREFERRED - [REDACTED]

INSURED

LAMONT LOUDENSLAGER

SPECIFIED  
FACE AMOUNT  
OF INSURANCE \$100,000-AS OF DATE OF POLICY 958201834UM . POLICY NUMBER  
PLAN . . . . . FLEXIBLE PREMIUM MULTIFUNDED LIFE 97G 560

THIS POLICY PROVIDES LIFE INSURANCE COVERAGE UNTIL THE FINAL DATE IF  
SUFFICIENT PREMIUMS ARE PAID. PREMIUM PAYMENTS IN ADDITION TO THE  
PLANNED PREMIUM SHOWN BELOW MAY NEED TO BE MADE TO KEEP THIS POLICY  
AND COVERAGE IN FORCE.

PLANNED PREMIUM OF \$[REDACTED]-PAYABLE MONTHLY  
MINIMUM ALLOWABLE FIRST YEAR PREMIUM [REDACTED]  
GUIDELINE ANNUAL PREMIUM \$[REDACTED]

(TOTAL PREMIUM FOR LIFE INSURANCE BENEFIT, ANY SUPPLEMENTAL RATING  
AND ANY ADDITIONAL BENEFITS FOLLOW)

**SPECIFICATION PAGE(CONTINUED)**

		<b>ADDITIONAL BENEFITS</b>	
<b>RIDER</b>		<b>FINAL DATE OF RIDER</b>	<b>RIDER INSURANCE BENEFIT</b>
<b>CHILD TERM RIDER</b>		<b>OCT. 02, 2019</b>	<b>\$5,000</b>
<b>SPOUSE TERM RIDER</b>	<b>STDNS</b>	<b>OCT. 02, 2022</b>	<b>\$50,000</b>

POLICY SPECIFICATIONS (CONTINUED)

GUARANTEED INTEREST RATE FOR FIXED ACCOUNT.....4% A YEAR

INTEREST RATE ON FIRST \$1,000 IN THE FIXED ACCOUNT.....4% A YEAR

BASE ADMINISTRATION

CHARGE ..... DURING THE FIRST TWELVE POLICY MONTHS \$25 PER THOUSAND DOLLARS OF SPECIFIED FACE AMOUNT OF INSURANCE PLUS \$5 PER MONTH AT ISSUE AGES LESS THAN EIGHTEEN \$15 PER MONTH AT ISSUE AGES EIGHTEEN TO FORTY-NINE \$20 PER MONTH AT ISSUE AGES FIFTY AND ABOVE

AFTER THE FIRST TWELVE POLICY MONTHS  
\$5 PER MONTH IF SPECIFIED FACE AMOUNT OF INSURANCE IS \$250,000 OR MORE  
\$7 PER MONTH IF SPECIFIED FACE AMOUNT OF INSURANCE IS \$100,000 TO \$249,999  
\$9 PER MONTH IF SPECIFIED FACE AMOUNT OF INSURANCE IS LESS THAN \$100,000.

TRANSFER CHARGE ..... \$25

SURRENDER CHARGE ..... SEE PAGE 14

NET PREMIUMS ..... 94.5% OF PREMIUMS RECEIVED. THE DEDUCTION FROM EACH PREMIUM PAYMENT IS A SALES CHARGE AND TAX CHARGE. THE NET PREMIUM IS ALLOCATED BY YOU TO EITHER THE FIXED ACCOUNT, THE SEPARATE ACCOUNT, OR A COMBINATION OF BOTH.

SPECIFIED FACE AMOUNT LIMITS ..... YOU MAY NOT REDUCE YOUR SPECIFIED FACE AMOUNT OF INSURANCE TO LESS THAN \$100,000 FOR THE FIRST 5 POLICY YEARS OR TO LESS THAN \$50,000 AFTER THE 5TH POLICY YEAR.

**Table of Guaranteed Maximum Rates For Each \$1,000 of Term Insurance**  
**(See "Cost of Term Insurance" Provision on Page 9.)**

Age	Monthly Rate*		Age	Monthly Rate*	
	Male	Female		Male	Female
0	.219	.157	48	.499	.374
1	.088	.070	49	.540	.400
2	.083	.067	50	.585	.429
3	.081	.065	51	.638	.459
4	.078	.064	52	.697	.495
5	.073	.063	53	.764	.533
6	.069	.061	54	.838	.573
7	.065	.059	55	.918	.613
8	.063	.058	56	1.003	.652
9	.062	.058	57	1.093	.690
10	.063	.057	58	1.189	.728
11	.068	.058	59	1.294	.770
12	.077	.061	60	1.411	.820
13	.089	.064	61	1.543	.883
14	.103	.068	62	1.692	.963
15	.118	.073	63	1.860	1.059
16	.133	.077	64	2.045	1.167
17	.143	.080	65	2.246	1.283
18	.152	.083	66	2.461	1.403
19	.157	.086	67	2.689	1.524
20	.158	.088	68	2.934	1.647
21	.158	.090	69	3.207	1.787
22	.157	.092	70	3.515	1.951
23	.153	.093	71	3.867	2.153
24	.150	.096	72	4.272	2.404
25	.146	.098	73	4.733	2.706
26	.143	.100	74	5.240	3.055
27	.143	.103	75	5.785	3.445
28	.142	.107	76	6.359	3.869
29	.143	.110	77	6.958	4.325
30	.146	.114	78	7.585	4.819
31	.150	.118	79	8.262	5.370
32	.156	.123	80	9.012	6.000
33	.163	.128	81	9.958	6.729
34	.171	.134	82	10.822	7.579
35	.181	.142	83	11.902	8.549
36	.194	.152	84	13.077	9.629
37	.208	.163	85	14.325	10.811
38	.224	.178	86	15.626	12.091
39	.242	.194	87	16.976	13.469
40	.263	.211	88	18.375	14.952
41	.285	.229	89	19.834	16.556
42	.310	.249	90	21.379	18.306
43	.336	.267	91	23.052	20.250
44	.365	.287	92	24.937	22.470
45	.395	.307	93	27.244	25.155
46	.428	.327	94	30.445	28.736
47	.462	.350			

\* If there is a supplemental rating for the life insurance benefit, as shown on page 3, the monthly deduction for such supplemental rating must be added to the monthly rate determined from this table.

### **Description of Investment Divisions in the Separate Account**

THE ASSETS IN EACH INVESTMENT DIVISION OF METROPOLITAN LIFE SEPARATE ACCOUNT UL (SEPARATE ACCOUNT) ARE INVESTED IN SHARES OF A DESIGNATED INVESTMENT COMPANY PORTFOLIO. EACH PORTFOLIO REPRESENTS A DIFFERENT CLASS (OR SERIES) OF SHARES ISSUED BY METROPOLITAN SERIES FUND, INC.

- DIVISION 1— GROWTH PORTFOLIO**—The investment objective of this portfolio is to achieve long-term growth of capital and income, and moderate current income, by investing primarily in common stocks that are believed to be of good quality or to have good growth potential or which are considered to be undervalued based on historical investment standards.
- DIVISION 2— INCOME PORTFOLIO**—The investment objective of this portfolio is to achieve the highest possible total return, by combining current income with capital gains, consistent with prudent investment risk and the preservation of capital, by investing primarily in fixed-income, high-quality debt securities.
- DIVISION 3— MONEY MARKET PORTFOLIO**—The investment objective of this portfolio is to achieve the highest possible current income consistent with the preservation of capital and maintenance of liquidity, by investing primarily in short-term money market instruments.
- DIVISION 4— DIVERSIFIED PORTFOLIO**—The investment objective of this portfolio is to achieve a high total return while attempting to limit investment risk and preserve capital by investing in equity securities, fixed-income debt securities, or short-term money market instruments, or any combination thereof, at the discretion of State Street Research.
- DIVISION 5— AGGRESSIVE GROWTH PORTFOLIO**—The investment objective of this portfolio is to achieve maximum capital appreciation by investing primarily in common stocks (and equity and debt securities convertible into or carrying the right to acquire common stocks) of emerging growth companies, undervalued securities or special situations.
- DIVISION 6— INTERNATIONAL STOCK PORTFOLIO**—The investment objective of this portfolio is to achieve long-term growth of capital by investing primarily in common stocks and equity-related securities of non-United States companies.
- DIVISION 7— STOCK INDEX PORTFOLIO**. The investment objective of this portfolio is to equal the performance of the Standard & Poor's 500 Composite Stock Price Index (adjusted to assume reinvestment of dividends) by investing in the common stock of companies which are included in the index.

INVESTMENT RETURNS WILL REFLECT FLUCTUATIONS IN THE MARKET VALUE OF SECURITIES. PLEASE REFER TO THE CURRENT PROSPECTUS FOR METROPOLITAN SERIES FUND, INC. FOR A COMPLETE DESCRIPTION OF THE FUND AND THE CURRENTLY AVAILABLE DESIGNATED PORTFOLIOS.

## Definitions

This policy provides life insurance through flexible premium payments. Net Premiums are credited at your option to either a fixed interest account ("Fixed Account") or a multifunded separate account ("Separate Account") or both. Interest will be credited to the cash value in the Fixed Account. The cash value in the Separate Account will vary with investment experience. The cost of insurance and other charges will be deducted each month proportionately from the Fixed Account and the Separate Account.

To make this policy clear and easy to read, we have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, our payment of the insurance proceeds depends on the payment of sufficient premiums.

To exercise your rights, you should follow the procedures stated in this policy. If you want to request a payment, change the allocation of net premiums, adjust the death benefit, change a beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your account representative or our Designated Office.

"You" and "your" refer to the owner of this policy.

"We", "us" and "our" refer to Metropolitan Life Insurance Company.

The "insured" named on page 3 is the person at whose death the insurance proceeds will be payable.

The "Specified Face Amount of Insurance" as of the date of policy is shown on page 3. A new page 3 will be issued to show any change in the Specified Face Amount of Insurance that occurs at your request.

The "Final Date of Policy" is the policy anniversary on which the insured is age 95.

Policy years and months are measured from the date of policy. For example, if the date of policy is May 5, 1999, the first policy month ends June 4, 1999, and the first policy year ends May 4, 2000. Also, the first monthly anniversary is June 5, 1999 and the first policy anniversary is May 5, 2000.

The "Designated Office" is the office to which your communications are to be sent. It is our Home Office at One Madison Avenue, New York, N.Y. 10010. We may, by written notice, name one or more other offices within the United States to serve as a Designated Office in place of the Home Office.

The "Investment Start Date" is the date the first premium is applied to the Fixed Account and/or Separate Account. It is the later of: (1) the Date of Policy; and (2) the date we receive the first premium at our Designated Office.

"Issue Age" is the age of the insured shown on page 3.

"Guideline Annual Premium" is the level annual amount of premium that would be payable through the Final Date of Policy for the specified face amount of the policy if premiums were fixed by us as to both timing and amount and were based on the 1980 Commissioners Standard Ordinary Mortality Tables, net investment earnings at an annual effective rate of 5%, and fees and charges as set forth in the policy and any policy riders.



### Definitions (Continued)

"Fixed Account" is the account under the policy to which we will add the payments that you allocate to the Fixed Account. The Fixed Account is part of our general account.

"Separate Account" is Metropolitan Life Separate Account UL, the account under this policy to which we will add the payments that you allocate to any of the Investment Divisions in the Separate Account.

"Policy Loan Account" is the account to which we will transfer the amount of any policy loan from the Fixed and Separate Accounts.

"Cash Value" is the sum of: (a) the policy's cash value in the Fixed Account; (b) the policy's cash value in each investment division of the Separate Account; and (c) the policy's cash value in the Policy Loan Account.

"Cash Surrender Value" is the cash value less any policy loan and loan interest and any applicable surrender charge computed from the chart set forth on page 15 and, if the policy is surrendered in the first policy year, less the Base Administration Charge for each full policy month remaining to the end of the first policy year.

### Payment When Insured Dies

#### Insurance Proceeds

If the insured dies before the Final Date of Policy, an amount of money, called the insurance proceeds, will be paid to the beneficiary. The insurance proceeds are the sum of:

\* The death benefit described below.

PLUS

\* Any insurance on the insured's life that may be provided by riders to this policy.

MINUS

\* Any policy loan and loan interest.

MINUS

\* Any due and unpaid monthly deductions accruing during a grace period.

We will pay the insurance proceeds to the beneficiary after receipt at our Designated Office of proof of death and a proper written claim.

#### Death Benefit

You must choose one of the following two death benefit options:

1. **Option A:** The Specified Face Amount of Insurance.
2. **Option B:** The Specified Face Amount of Insurance;

PLUS

The cash value on the date of death.

The death benefit will be the amount of the option in effect at the time of death or, if greater, the minimum death benefit described on page 8.

### Payment When Insured Dies (Continued)

#### Minimum Death Benefit

In no event will the death benefit be less than the amounts described below:

Age on Date of Death	Minimum Death Benefit as a Percentage of the Cash Value
40 or younger	250%
41-45	243-215
46-50	209-185
51-55	178-150
56-60	146-130
61-65	128-120
66-70	119-115
71-75	113-105
76-90	105
91-95	104-100

The minimum death benefit will decrease uniformly within the age ranges shown.

#### Death Benefit Adjustment

At any time after the second policy year, while this policy is in force, you may change the death benefit option and change (either increase or decrease) the Specified Face Amount of Insurance, subject to the following:

- In the event of a change in the death benefit option, we will change the Specified Face Amount of Insurance as follows:
  - If you change from Option A to Option B, the Specified Face Amount of Insurance will be reduced by the then current cash value.
  - If you change from Option B to Option A, the Specified Face Amount of Insurance will be increased by the then current cash value.
- The Specified Face Amount of Insurance may not be reduced to less than the Specified Face Amount Limits shown on page 3.1, nor may it be reduced to a level where the total premiums already paid to date exceed the then current Internal Revenue Service limits relating to the definition of life insurance.
- The Specified Face Amount of Insurance may not be increased after the insured reaches age 80. For any change at your request which would increase the death benefit, you must provide evidence satisfactory to us of the insurability of the insured. Each increase must be at least \$5,000. Also, at the time of change there will be an underwriting charge of \$5 for each \$1,000 of insurance increase. This charge will be part of the monthly deduction as of the date the increase takes effect. New withdrawal charges will apply for 15 policy years after the increase.
- No change in the death benefit will take effect unless the cash surrender value after the change is equal to at least two monthly deductions. A request for a change in the death benefit will take effect as of the monthly anniversary which coincides with or next follows: (a) if evidence of insurability is required, the date we approve the request, or (b) if not, the date of the request.
- We will issue a new page 3 for this policy showing the change. We may require that you send us this policy to make any requested change.

## Monthly Deduction

Each policy month, a deduction is made from the cash value to pay for the cost of insurance and administrative expenses. The monthly deduction is determined on each monthly anniversary, and is the sum of the following items:

1. The monthly cost of term insurance, as defined below.
2. The monthly cost of any benefits provided by riders.
3. A base administration charge as shown on page 3.1.
4. For any month in which your request results in an increase in the death benefit, an underwriting charge of \$5.00 per thousand dollars of such increase.

The monthly deduction will be charged proportionately to the Fixed Account and each Investment Division of the Separate Account at the beginning of the policy month.

### Cost of Term Insurance

The cost of the term insurance for any policy month is equal to the amount of term insurance multiplied by the monthly term insurance rate. From time to time we will set monthly term insurance rates based on the insured's age, sex, and underwriting class. These rates will never be more than the maximum rates shown in the table on page 4. Any changes in mortality charges will not recoup past losses. Any adjustments in policy cost factors will be by class and based on changes in such factors as investment earnings, mortality, persistency and expenses.

The amount of term insurance for any policy month is equal to:

- \* The death benefit divided by 1.0032737;
- MINUS
- \* The Cash Value of the policy.

The cash value used in this calculation is determined at the start of the policy month before the deduction for the monthly cost of term insurance and for any Disability Waiver Benefit, but after the deduction for any other riders or charges.

## Fixed Account

### Value

The policy's cash value in the Fixed Account on the Investment Start Date is equal to:

1. The portion of the initial net premium which has been paid and allocated to the Fixed Account;
- MINUS
2. The portion of the first monthly deduction charged to the Fixed Account.

### Fixed Account (Continued)

The policy's cash value in the Fixed Account on any day after the Investment Start Date is equal to:

1. The value on the preceding day, with interest on such value at the currently applicable rates;  
PLUS
2. Any portion of net premium paid and allocated to the Fixed Account on that day;  
PLUS
3. Any amount transferred to the Fixed Account on that day;  
PLUS
4. Any loan repayments allocated to the Fixed Account on that day;  
PLUS
5. That portion of any interest credited on outstanding loans which is allocated to the Fixed Account on that day;  
MINUS
6. Any amount transferred from the Fixed Account to the Separate Account on that day;  
MINUS
7. Any cash withdrawal made from the Fixed Account on that day;  
MINUS
8. Any amount transferred from the Fixed Account to the Policy Loan Account on that day;  
MINUS
9. The portion of any transfer charge allocated to the policy's cash value in the fixed account;  
MINUS, IF THAT DAY IS A MONTHLY ANNIVERSARY,
10. The portion of the monthly deduction which is charged to the Fixed Account, to cover the policy month which starts on that day.

**Interest  
Rate**

The guaranteed interest rate for the Fixed Account is .01075% a day, compounded daily. This is equivalent to a rate of 4% a year compounded annually.

We may declare rates of interest in excess of the 4% guaranteed rate on amounts in excess of \$1,000 in the Fixed Account at any time, subject to the following conditions: the rate of excess interest on any net premiums paid during a month of the year will not decrease before the first day of the same month of the subsequent year; thereafter, the rate of excess interest will not decrease for a period of twelve months from the date declared. We also may credit different rates of excess interest to premium payments made in different months of the year and different rates of excess interest at the end of each twelve-month period for cash value related to premiums received in a given month of each prior year. Transfers made into the Fixed Account will be treated as new premium payments for these purposes.

We will credit the guaranteed and any excess interest on every Valuation Date. Once credited, that interest will be guaranteed and will become part of the policy's cash value in the Fixed Account from which monthly deductions are made. The monthly deduction will be charged against the most recent premiums paid (and transfers made) and interest credited thereto.

## Separate Account

Separate Account UL is an investment account established and maintained by us, separate from our general account or other separate investment accounts. It is used for flexible premium multifunded life insurance policies, and if permitted by law, may be used for other policies or contracts as well.

We own the assets in the Separate Account. Assets equal to the reserves and other liabilities of the Separate Account will not be charged with liabilities that arise from any other business we conduct. We may from time to time transfer to our general account assets in excess of such reserves and liabilities.

Income and realized and unrealized gains or losses from assets in the Separate Account are credited to or charged against the Separate Account without regard to our other income, gains or losses.

The Separate Account will be valued at the end of each Valuation Period.

A "Valuation Date" is each day on which there is enough trading in a portfolio's securities that the current value of its shares could be materially affected. In general, Valuation Dates will be days when the New York Stock Exchange is open for trading. We reserve the right, on 30 days notice, to change the basis for such Valuation Date, as long as the basis is not inconsistent with applicable laws.

A "Valuation Period" is the period between successive Valuation Dates starting at 4:00 P.M. New York City time, on each Valuation Date and ending at 4:00 P.M., New York City time, on the next Valuation Date. We reserve the right, on 30 days notice, to change the basis for such Valuation Period, as long as the basis is not inconsistent with applicable laws.

### Investment Divisions

The "Investment Divisions" are part of the Separate Account. Each division holds a separate class (or series) of stock of a designated investment company or companies. Each class of stock represents a separate portfolio in an investment company.

The Investment Divisions available on the Date of Policy are described on Page 5. Those you selected in the application are shown on Page 3. We may from time to time make other investment divisions available to you. We will provide you with written notice of all material details including investment objectives and all charges.

### Our Right to Make Changes

We reserve the right to make certain changes if, in our judgment, they would best serve the interests of the owners of policies such as this one, or would be appropriate in carrying out the purposes of such policies. Any changes will be made only to the extent and in the manner permitted by applicable laws. Also, when required by law, we will obtain your approval of the changes and the approval of any appropriate regulatory authority.

Example of the changes we may make include:

- \* To operate the Separate Account in any form permitted under the Investment Company Act of 1940, or in any other form permitted by law.
- \* To take any action necessary to comply with or obtain and continue any exemptions from the Investment Company Act of 1940.

### Separate Account (Continued)

- \* To transfer any assets in an Investment Division to another Investment Division, or to one or more separate accounts, or to our general account, or to add, combine, or remove Investment Divisions in the Separate Account.
- \* To substitute, for the investment company shares held in any Investment Division, the shares of another class of the investment company or the shares of another investment company or any other investment permitted by law.
- \* To change the way we assess charges, but without increasing the aggregate amount charged to the Fixed Account and any currently available investment division of the Separate Account or available portfolios of the fund.
- \* To make any other necessary technical changes in this policy in order to conform with any action this provision permits us to take.

If any of these changes result in a material change in the underlying investments of an Investment Division in the Separate Account, we will notify you of such change. If you have funds allocated to that division, you may then make a new choice of Investment Divisions.

#### Index of Investment Experience

We use an index to measure changes in each Investment Division's investment experience during a Valuation Period. We set the index at \$10 when the Investment Division first began operations. The index for a current Valuation Period equals the index for the preceding Valuation Period multiplied by the experience factor for the current period.

The "experience factor" for a valuation period in each division is calculated as follows:

- (1) We take the net asset value per investment company share at the end of the current valuation period. We add the per share amount of any dividend or capital gain distribution paid by the investment company during the current valuation period. We subtract any per share charge for our taxes and for any reserve for taxes.
- (2) We divide (1) by the net asset value per investment company share at the end of the preceding valuation period.
- (3) We subtract a charge of not more than .002454% for each day in the valuation period. This charge is to cover the expense and mortality risks that we are assuming and is equivalent to no more than 0.90% a year.

#### Value

The policy's cash value in the Separate Account is the sum of the cash values in each of the Investment Divisions.

The policy's cash value in each Investment Division of the Separate Account on the Investment Start Date is equal to:

1. The portion of the initial net premium which has been paid and is allocated to the Investment Division;

MINUS

2. The portion of the first monthly deduction which is charged to the Investment Division.

### **Separate Account (Continued)**

The policy's cash value in each Investment Division on subsequent valuation dates is equal to:

1. The cash value in the Investment Division on the preceding Valuation Date multiplied by the experience factor for the current valuation period;

PLUS

2. Any net premium payments received during the current valuation period which are allocated to the Investment Division;

PLUS

3. Any net amounts transferred to the Investment Division from the Fixed Account or from another Investment Division during the current valuation period;

PLUS

4. Any loan repayments allocated to the Investment Division during the current Valuation Period;

PLUS

5. That portion of any interest credited on outstanding loans which is allocated to the Investment Division during the current valuation period;

MINUS

6. Any amounts transferred from the Investment Division during the current valuation period;

MINUS

7. Any cash withdrawal from the Investment Division during the current valuation period;

MINUS

8. Any amount transferred from the Investment Division to the Policy Loan Account during that Valuation Period;

MINUS

9. The portion of any transfer charge allocated to the policy's cash value in the Investment Division;  
MINUS, IF A MONTHLY ANNIVERSARY OCCURS DURING THE CURRENT VALUATION PERIOD,

10. The portion of the monthly deduction charged to the Investment Division during the current valuation period to cover the policy month which starts on that day.

### **Owner's Right to Change Allocation**

You can change the allocation of future net premiums among the Fixed Account and/or the Investment Divisions of the Separate Account. You must allocate at least 10% of net premiums to each alternative you choose. Percentages must be in whole numbers. (For example, 33 1/3% may not be chosen.) You must notify us in writing of a change in the allocation percentages. The change will take effect immediately upon receipt at our Designated Office.

### **Owner's Right to Change Allocation (Continued)**

You may also change the allocation of the cash value. To do this, you may transfer amounts among the alternatives at any time. A transfer charge of \$25 will be deducted from the cash value from which amounts are transferred on a pro-rata basis when each transfer is effected. However, no charge will be assessed for transfers from Policy loans and loan repayments. In addition, during the first 24 Policy months, no charge will be assessed for a complete transfer of all amounts in the investment divisions of the Separate Account to the Fixed Account. Transfers must be in either dollar amounts or a percentage in whole numbers. The minimum amount that may be transferred is \$50, or, if less, the entire cash value in an Investment Division of the Separate Account or the entire cash value in the Fixed Account. The change will take effect on the date we receive written notice from you at our Designated Office. We will reflect the change in our calculations and in your annual report.

### **Payments During Insured's Lifetime**

**Payment on  
Final Date  
of Policy**

If the insured is alive on the Final Date of Policy, we will pay you the cash value minus any policy loan and loan interest. Coverage under this policy will then end.

**Full and Partial  
Cash  
Withdrawal**

We will pay you all or part of the cash surrender value after we receive your request at our Designated Office. The cash surrender value will be determined as of the date we receive your request. If you request and are paid the full cash surrender value, this policy and all our obligations under it will end. We may require surrender of this policy before we pay you the full cash surrender value.

Each partial cash withdrawal must be at least \$250. When a cash withdrawal is made, we will reduce the cash value by the amount of the partial withdrawal. The withdrawal will be allocated proportionately among the Fixed Account and each Investment Division of the Separate Account.

If Death Benefit Option A is in effect, we will also reduce the Specified Face Amount of Insurance by the amount of the partial withdrawal, and a new page 3 will then be issued. We may require that you send us this policy to make the change. Partial cash withdrawals will not affect the Specified Face Amount of Insurance if Option B is in effect.

A partial withdrawal which would reduce the cash surrender value to less than two monthly deductions may not be made. Also, if Option A is in effect, a partial withdrawal may not be made if it would reduce the Specified Face Amount of Insurance to less than the Specified Face Amount Limits on page 3.1, or to a level where the premiums already paid would exceed then current Internal Revenue Service limits. If you request a partial cash withdrawal and these conditions apply, we will contact you to determine if you want to cancel the request, withdraw a smaller amount, or surrender the policy.

**Surrender  
Charges**

If, within the first 15 policy years, you request a full cash withdrawal or the policy ends because the grace period expired, we will deduct a surrender charge from the cash value. We will also deduct a surrender charge from the cash value if you have increased the specified face amount and, within 15 years of the increase, you request a full cash withdrawal or the policy ends because the grace period expired. No surrender charge applies to an increase in the specified face amount of insurance resulting from a change in the death benefit option.



### Payments During Insured's Lifetime (Continued)

The surrender charge per thousand dollars of specified face amount of insurance is as follow:

**Option A at Issue or Increase:**

Age at Issue or Increase	Policy Years Since Issue or Increase														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0-5	\$3	\$3	\$3	\$3	\$3	\$2	\$2	\$2	\$2	\$2	\$1	\$1	\$1	\$1	\$1
6-10	3	3	3	3	3	2	2	2	2	2	1	1	1	1	1
11-20	3	3	3	3	3	2	2	2	2	2	1	1	1	1	1
21-25	3	3	3	3	3	2	2	2	2	2	1	1	1	1	1
26-30	4	4	3	3	3	3	3	2	2	2	2	1	1	1	1
31-35	7	6	6	6	5	5	5	4	4	3	3	2	2	1	1
36-40	8	7	7	7	6	6	5	5	4	4	3	3	2	1	1
41-44	10	9	8	8	7	7	6	6	5	4	4	3	2	2	1
45-50	12	12	11	10	10	9	8	7	7	6	5	4	3	2	1
51-54	15	15	14	13	12	11	10	9	8	7	6	5	4	3	1
55-59	18	17	16	15	14	13	12	11	10	9	8	6	5	3	2
60-69	22	21	20	18	17	16	15	13	12	11	9	7	6	4	2
70-79	22	21	20	18	17	16	15	13	12	11	9	8	6	4	2
80	22	21	20	18	17	16	15	14	13	12	10	9	8	6	3

**Option B at Issue or Increase:**

Age at Issue or Increase	Policy Years Since Issue or Increase														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0-5	\$4	\$4	\$3	\$3	\$3	\$3	\$3	\$2	\$2	\$2	\$2	\$1	\$1	\$1	\$1
6-10	4	4	4	4	3	3	3	3	2	2	2	1	1	1	1
11-20	5	5	5	4	4	4	3	3	3	2	2	2	1	1	1
21-25	7	7	6	6	6	5	5	4	4	3	3	2	2	1	1
26-30	10	8	7	7	7	6	6	5	4	4	3	3	2	1	1
31-35	12	12	11	10	10	9	8	7	6	5	4	4	3	2	1
36-40	15	14	13	12	12	11	10	9	8	7	6	5	4	3	1
41-44	20	20	19	18	17	16	14	13	12	10	9	7	5	4	2
45-50	24	24	24	22	21	19	17	16	14	12	10	8	6	4	2
51-54	27	27	26	24	23	21	19	18	16	14	12	10	7	5	3
55-59	30	29	27	25	24	22	20	18	16	14	12	10	8	5	3
60-69	32	30	29	27	25	23	22	20	18	15	13	11	8	6	3
70-79	36	34	33	31	29	27	25	23	20	18	16	13	10	7	4
80	40	38	36	34	32	30	28	26	24	22	19	17	14	11	6

However during the first two policy years, the surrender charge, together with all sale charges previously deducted from the premiums paid, will not exceed the total of:

30% of the premiums paid up to one guideline annual premium

PLUS

10% of the premiums paid which are greater than one guideline annual premium but not more than two guideline annual premiums

PLUS

9% of the premiums paid which are greater than two guideline annual premiums.

The above also applies to a surrender charge allowable to an increase in the specified face amount if policy is surrendered within 2 years of the increase.

The cash surrender value of an inforce policy is not affected by the above limits during the first two policy years.

## **Payments During Insured's Lifetime (Continued)**

### **Policy Loan**

At any time, you may get cash by taking a policy loan upon assignment of this policy as sole security. If there is an existing loan, you can increase it.

The maximum amount available for a new or increased loan will be the greater of the policy's cash surrender value less two monthly deductions or 75% of the policy's cash surrender value.

The smallest amount you can borrow at any one time is \$250.

The loan will be allocated proportionately among the Fixed Account and the Investment Divisions of the Separate Account.

Loan interest is charged daily at the rate of 8% a year, and is due at the end of each policy year. Interest not paid within 31 days after it is due will be added to the loan principal. It will be added as of the due date and will bear interest at the same rate as the rest of the loan. It will be deducted proportionately from the policy's cash value in the Fixed Account and each Investment Division of the Separate Account and will be transferred to the Policy Loan Account. The amount transferred will be treated as an increased loan.

### **Loan Repayment**

You may repay all or part (but not less than \$50) of a policy loan at any time while the insured is alive and this policy is in force. You must tell us when you make a payment if the payment is intended as a loan repayment. Otherwise, it will be treated as a premium payment. Loan repayments will be allocated in the same manner as net premium payments.

Failure to repay a policy loan or to pay loan interest will not terminate this policy unless the cash surrender value is less than the monthly deduction due on a monthly anniversary. In that case, the Grace Period provision will apply (see page 17).

### **Effect of a Policy Loan on the Cash Value**

When a loan is made, the cash value in each Investment Division of the Separate Account equal to the portion of the policy loan allocated to each Investment Division will be transferred to a Policy Loan Account within the General Account. The cash value in the Fixed Account equal to the portion of the policy loan allocated to that Account will also be transferred to the Policy Loan Account.

Amounts in the Policy Loan Account will be credited with interest at a rate we set but never less than 4%. Interest credited to amounts in the Policy Loan Account will be allocated at least once a year among the Fixed Account and the Investment Divisions of the Separate Account in the same proportions as net premiums are then being allocated.

### **Deferment**

We reserve the right to defer calculation and payment of benefits in the following circumstances:

1. If your policy is in force with a cash value in the Separate Account, it will generally not be practical for us to determine the investment experience of the Separate Account during any period when the New York Stock Exchange is closed for trading (except for customary weekend and holiday closings), or when the Securities and Exchange Commission restricts trading or determines that an emergency exists. In such a case and with respect to the Separate Account, we reserve the right to defer: (a) determination, application, or payment of a cash withdrawal value; (b) determination of policy loans except for a loan to pay a premium to us; (c) a change in the allocation among the Investment Divisions of the Separate Account; and (d) payment of the death benefit.
2. If your policy is in force with a cash value in the Fixed Account, we may defer paying a cash withdrawal value from that account for up to 6 months from the date we receive a request for payment. If we delay for 30 days or more, interest will be paid at a rate not less than 4% a year.
3. We may delay making a loan from the Fixed Account, except for a loan to pay a premium to us, for up to 6 months from the date you request the loan.

## Premiums

### Premium Payments

Premium payments other than the first premium are to be sent to our Designated Office.

No insurance will take effect before the first premium is paid. Other premiums may be paid at any time while the policy is in force and before the Final Date of Policy and in any amount subject to the limits described below.

We will send premium notices, if you request in writing, according to the planned premium shown on page 3. After the first two policy years, you may skip planned premium payments or change their frequency and amount if the cash surrender value is large enough to keep your policy in force.

The planned premium shown on page 3 was determined as an amount which would be sufficient to continue this policy to the Final Date, assuming a continuation of current mortality experience, assuming reasonable investment results, and assuming that there is no policy loan, cash withdrawal, or change in the death benefit. However, the planned premium may need to be increased in order to keep this policy in force if there is any change in these assumptions or in the amount and frequency of premium payments.

### Limits

During the first two policy years, total premiums may not be less than the minimum required premium shown on page 3. After the first two policy years, additional premium payments may be necessary to keep the policy in force depending upon actual investment experience and the timing and frequency of the premium payments. Each planned premium payment after the first two policy years must be at least \$200 annually and \$100 semi-annually (\$15 for a Special Account payment). However, any unplanned premium payment must be at least \$250.

We may increase these minimum premium limits. No increase will take effect until 90 days after notice is sent.

The total premiums paid in a policy year may not exceed the maximum we set for that year. When we set the maximum for total premiums paid in a policy year, we will take account of any requirements in federal legislation relating to the definition of life insurance. We will return to you any premium paid in a policy year to the extent it is more than the maximum.

### Grace Period

If, during the first two policy years, the cash surrender value on any monthly anniversary is insufficient to cover the monthly deduction and the total premiums paid as of a monthly anniversary are not equal to the minimum required premiums shown on page 3, there will be a grace period of 61 days to pay an amount equal to the difference between the total premiums previously paid and the minimum required premiums. If you do not pay this amount the policy will end and we will send you any sales charge we may have deducted which exceeds the maximum surrender charge permitted during the first two policy years.

If, after two policy years or at any time after you change the death benefit or reinstate this policy, the cash surrender value on any monthly anniversary is less than the deduction for that month, there will be a grace period of 61 days after that anniversary to pay an amount that will cover two monthly deductions. If you do not pay this amount the policy will end, without value.

In either case we will send you a notice at the start of the grace period. We will also send a notice to any assignee on our records.

If the insured dies during the grace period, we will pay the insurance proceeds minus any overdue monthly deduction.

### Reinstatement

If the grace period has ended and you have not paid the required premium and have not surrendered your policy for its cash surrender value, you may reinstate this policy while the insured is alive if you:

1. Request in writing reinstatement within 3 years after the end of the grace period;
2. Provide evidence of insurability satisfactory to us;
3. Pay a sufficient amount to keep the policy in force for at least 2 months after the date of reinstatement; plus (a) an amount sufficient to cover the unpaid portion of the charges applicable during the first 12 policy months; plus (b) any portion of the surrender charge which was not paid when the policy ended because the cash value was not sufficient to pay such portion of the charge; plus (c) interest on (a) to the date of reinstatement at the rate of 6% a year.

Any policy loan and interest due when the policy ends will be cancelled.

### Premiums (Continued)

The effective date of the reinstated policy will be the date we approve the reinstatement application.

The amount of cash value on the date of reinstatement will be equal to:

- \* the net premiums paid at reinstatement;

PLUS

- \* an amount equal to the lesser of:

- (i) the surrender charge which would apply under the policy if it were surrendered in the policy year of reinstatement and as if the policy had not ended earlier, and
- (ii) the total surrender charges as described on page 14 when the policy ended, except if the policy ended during the first two policy years, the total surrender charges actually paid;

MINUS

- \* the amounts paid in accordance with (a), (b) and (c) in item 3 above.

### Ownership and Beneficiary

<b>Owner</b>	As owner, you may exercise all rights under your policy while the insured is alive. You may name a contingent owner who would become the owner if you die before the insured.
<b>Change of Ownership</b>	You may name a new owner at any time. If a new owner is named, any earlier choice of a contingent owner, beneficiary, contingent beneficiary or optional income plan will be cancelled, unless you specify otherwise.
<b>Beneficiary</b>	<p>The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when the insured dies, the owner (or the owner's estate) will be the beneficiary. While the insured is alive, the owner may change any beneficiary or contingent beneficiary.</p> <p>If more than one beneficiary is alive when the insured dies, we will pay them in equal shares, unless you have chosen otherwise.</p>
<b>How to Change the Owner or the Beneficiary</b>	<p>You may change the owner, contingent owner, beneficiary or contingent beneficiary of this policy by written notice or assignment of the policy. No change is binding on us until it is recorded at our Designated Office.</p> <p>Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this policy to make the change.</p>
<b>Collateral Assignment</b>	Your policy may be assigned as collateral. All rights under the policy will be transferred to the extent of the assignee's interest. We are not bound by an assignment or release thereof unless and until it is in writing and is recorded at our Designated Office. We are not responsible for the validity of any assignment.

### General Provisions

<b>The Contract</b>	This policy includes any riders and, with the application attached at issue and any application added after issue, makes up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
<b>Limitation on Sales Representative's or Other Person's Authority</b>	No account representative or other person except our President, Secretary, or Vice-President may make or change any contract of insurance, or change or waive any of the terms of this policy. Any change or waiver must be in writing and signed by our President, Secretary, or Vice-President.
<b>Incontestability</b>	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.

## General Provisions (Continued)

<b>Age and Sex</b>	If the insured's age or sex on the date of the policy is not correct as shown on page 3, we will adjust the benefits under this policy. To do this, we will recompute the cash value by taking out the monthly deductions for the life of the policy, using the insured's correct age and sex.
<b>Nonparticipation</b>	This policy is not eligible for dividends, it does not participate in any distribution of our surplus.
<b>Computation of Values</b>	<p>The Fixed Account Cash Value is computed using a guaranteed minimum interest rate of 4% a year. These values and the maximum term insurance rates shown on page 4 are based on the 1980 Commissioners Standard Ordinary Mortality (sex distinct) Table, age last birthday.</p> <p>For substandard policy classifications, these values and rates are based on a modified version of the 1980 CSO Mortality Table that reflects our mortality experience.</p> <p>We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.</p>
<b>Annual Reports</b>	Each year we will send you a report showing the current death benefit, cash value and any outstanding policy loans for this policy. It will show the amount and type of credits to and deductions from the cash value during the past policy year. The report will also include any other information required by state laws and regulations.
<b>Illustration of Future Benefits</b>	At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration. The first illustration in any policy year will be furnished free of charge. Any subsequent request in that policy year will be subject to a service fee of up to \$5.

## Exclusion

<b>Suicide</b>	The insurance proceeds will not be paid if the insured commits suicide, while sane or insane, within 2 years from the date of policy. Instead we will pay the beneficiary an amount equal to all premiums paid, without interest, less any policy loan and loan interest and less any partial cash withdrawals. If the insured commits suicide, while sane or insane, more than 2 years after the date of this policy but within 2 years from the effective date of any increase in the death benefit, our liability with respect to the increase will be limited to its cost.
----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Methods of Payment

Unless otherwise requested, we may pay the insurance proceeds when the insured dies, or the cash surrender value on surrender of the policy in one sum, or by placing the amount in an account that earns interest. The payee will have immediate access to all or any part of the account. If requested, we will apply the amount under one or more of the following payment plans:

<b>Option 1.</b>	<b>Interest Income</b> — The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by written request.
<b>Option 2.</b>	<b>Instalment Income for a Stated Period</b> — Monthly instalment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years).
<b>Option 2A.</b>	<b>Instalment Income of a Stated Amount</b> — Monthly instalment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.
<b>Option 3.</b>	<b>Single Life Income—Guaranteed Payment Period</b> — Monthly payments will be made during the lifetime of the payee with a chosen guaranteed payment period of 10, 15 or 20 years.

## Methods of Payment (Continued)

<b>Option 3A.</b>	<b><i>Single Life Income-Guaranteed Return--</i></b> Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit.
<b>Option 4.</b>	<b><i>Joint and Survivor Life Income--</i></b> Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. A total payment period of 10 years is guaranteed.
<b>Other Frequencies and Plans</b>	Instead of monthly payments, you may choose to have payments made quarterly, semiannually or annually. Other payment plans may be arranged with us.
<b>Choice of Payment Plans</b>	<p>A choice of a payment plan for insurance proceeds made by you in writing and recorded by us while the insured is alive will take effect when the insured dies. All other choices of payment plans will take effect when recorded by us or later, if requested. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this policy. We may also require proof of the payee's age.</p> <p>Payment plans may be chosen:</p> <ol style="list-style-type: none"> <li>1. By you during the lifetime of the insured.</li> <li>2. By the beneficiary within one year after the date the insured died and before any payment has been made, if no choice of payment plan was in effect on the date of death.</li> </ol> <p>A choice of a payment plan will not take effect unless each payment under the plan would be at least \$50.</p>
<b>Limitations</b>	<p>If the payee is not a natural person, the choice of a payment plan will be subject to our approval. An assignment for a loan will modify a prior choice of payment plan. The amount due the assignee will be payable in one sum and the balance will be applied under the payment plan.</p> <p>Payment plan payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.</p>
<b>Payment Plan Rates</b>	<p>Amounts applied under the interest income and instalment payment plans will earn interest at the rate we set from time to time. That rate will never be less than 3% a year.</p> <p>Life income plan payments will be based on a rate set by us and in effect on the date the insurance proceeds or cash surrender value become payable.</p>

### Methods of Payment (Continued)

**Minimum Payments under Payment Plans-** Monthly payments under Options 2, 3, 3A and 4 for each \$1,000 applied will not be less than the amounts shown in the following Tables.

<b>Option 2. <i>Instalment Income for a Stated Period</i></b> Monthly Payment for each \$1,000 Applied					
Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18
To determine the minimum amount for a quarterly payment, multiply the above monthly payment by 2.99; for semiannual by 5.96; and for annual by 11.84.					

Payee's Age	Option 3. <i>Single Life Income</i> - Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied						Option 3A. <i>Single Life Income</i> - Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied	
	Guaranteed Payment Period							
	10 Years		15 Years		20 Years			
	Male	Female	Male	Female	Male	Female	Male	Female
50	\$4.29	\$3.94	\$4.23	\$3.91	\$4.15	\$3.86	\$4.11	\$3.82
55	4.72	4.29	4.62	4.23	4.47	4.15	4.47	4.11
60	5.29	4.73	5.09	4.62	4.79	4.47	4.92	4.47
65	6.02	5.29	5.60	5.09	5.09	4.81	5.48	4.93
70	6.86	6.02	6.08	5.63	5.31	5.13	6.18	5.53
75	7.71	6.92	6.46	6.16	5.44	5.36	7.05	6.32
80	8.48	7.89	6.70	6.55	5.49	5.47	8.15	7.36
85 and over	9.07	8.74	6.82	6.77	5.51	5.50	9.54	8.70

<b>Option 4. <i>Joint and Survivor Life Income</i>- Guaranteed period of 10 Years</b> Minimum Amount of each Monthly Payment for each \$1,000 Applied			
Age of Both Payees	One Male and One Female	Two Males	Two Females
50	\$3.64	\$3.79	\$3.54
55	3.93	4.11	3.80
60	4.30	4.55	4.13
65	4.80	5.13	4.57
70	5.47	5.90	5.17
75	6.33	6.80	6.00

On request, we will provide additional information about amounts of premium payments.



**Metropolitan Life Insurance Company**

**ENDORSEMENT**

**I. The following is substituted for the **Death Benefit** provision of this policy:**

You must choose one of the following three death benefit options:

1. Option A: The Specified Face Amount of Insurance.
2. Option B: The Specified Face Amount of Insurance  
PLUS  
The cash value on the date of death.
3. Option C: If death occurs prior to the policy anniversary on which the insured is age 65:

The Specified Face Amount of Insurance  
PLUS  
The cash value on the date of death.

On the policy anniversary on which the insured is age 65, the Specified Face Amount of Insurance will be recalculated to equal the Specified Face Amount of Insurance plus the cash value at the end of the previous day. We will issue a new page 3 at that time.

If death occurs on or after the policy anniversary on which the insured is age 65:

The Specified Face Amount of Insurance.

The death benefit will be the amount due under the option in effect at the time of death or, if greater, the minimum death benefit described on page 8.

**II. The following is added to Item 1 of the **Death Benefit Adjustment** provision:**

- c. If you change from Option C to Option A prior to the policy anniversary on which the insured is age 65, the Specified Face Amount of Insurance will be increased by the then current cash value. If you make this option change later, there will be no change in the Specified Face Amount of Insurance.
- d. If you change from Option C to Option B prior to the policy anniversary on which the insured is age 65, there will be no change in the Specified Face Amount of Insurance. If you make this change later, the Specified Face Amount of Insurance will be reduced by the then current cash value.
- e. If you change from Option A to Option C, the Specified Face Amount of Insurance will be reduced by the then current cash value. You may change to Option C at any time on or before the policy anniversary on which the insured is age 60.
- f. If you change from Option B to Option C there will be no change in the Specified Face Amount of Insurance. You may change to Option C at any time on or before the policy anniversary on which the insured is age 60.

(see over)



III. The following is substituted for the last two paragraphs of the **Full and Partial Cash Withdrawal** provision:

If either i) Option A is then in effect or ii) Option C is in effect and the policy anniversary on which the insured is age 65 has past, we will also reduce the Specified Face Amount of Insurance by the amount of the partial withdrawal, and a new page 3 will then be issued. We may require that you send us this policy to make the change. Partial cash withdrawals will not affect the Specified Face Amount of Insurance if i) Option B is in effect or ii) Option C is in effect and the withdrawal is made prior to the policy anniversary on which the insured is age 65.

A partial withdrawal which would reduce the cash surrender value to less than two monthly deductions may not be made. Also, if either i) Option A is then in effect, or ii) Option C is in effect and the policy anniversary on which the insured is age 65 has past, then a partial withdrawal may not be made if it would reduce the Specified Face Amount of Insurance to less than the Specified Face Amount Limits on Page 3.1, or to a level where the premiums already paid would exceed the then current Internal Revenue Service limits. If you request a partial cash withdrawal and these conditions apply, we will contact you to determine if you want to cancel the request, withdraw a smaller amount, or surrender the policy.

IV. The following is added to the **Surrender Charges** provision:

Option C at Issue or Increase.

Age at Issue or Increase	Policy Years Since Issue or Increase														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0-5	\$4	\$4	\$3	\$3	\$3	\$3	\$2	\$2	\$2	\$2	\$2	\$1	\$1	\$1	\$1
6-10	4	4	4	4	3	3	3	3	2	2	2	1	1	1	1
11-20	4	4	4	4	4	3	3	3	3	2	2	2	1	1	1
21-25	5	5	5	5	5	4	4	3	3	3	2	2	2	1	1
26-30	7	6	5	5	5	5	5	4	3	3	3	2	2	1	1
31-35	10	9	9	8	8	7	7	6	5	4	4	3	3	2	1
36-40	12	11	10	10	9	9	8	7	6	6	5	4	3	2	1
41-44	15	15	14	13	12	12	10	10	9	7	7	5	4	3	2
45-50	18	18	18	16	16	14	13	12	11	9	8	6	5	3	2
51-54	21	21	20	19	18	16	15	14	12	11	9	8	6	4	2
55-59	24	23	22	20	19	18	16	15	13	12	10	8	7	4	3
60-64	27	26	25	23	21	20	19	17	15	13	11	9	7	5	3
65-69	22	22	20	18	17	16	15	13	12	11	9	7	6	4	2
70-79	22	21	20	18	17	16	15	13	12	11	9	8	6	4	2
80+	22	21	20	18	17	16	15	14	13	12	10	9	8	6	3

  
Christine N. Markussen  
Vice-President and Secretary

**Metropolitan Life Insurance Company**

**Rider: Spouse Term Insurance Benefit**

This rider is a part of the policy if it is referred to on page 3.

This rider provides level term insurance on the life of the spouse payable to the spouse's beneficiary if the spouse dies before the Final Date of this rider.

- Spouse** The spouse is the insured's spouse who is named in the application for this benefit.
- Date of Rider** The date of this rider is the date of this policy.
- Final Date** The Final Date of this rider is the policy anniversary on which the spouse is age 65.
- Term Insurance Benefit** After we receive proof that the spouse died on or before the Final Date, we will pay the term insurance benefit to the spouse's beneficiary. The amount of the term insurance benefit is shown on page 3 under "Additional Benefits".
- Paid-Up Policy** If the insured dies while this policy and rider are in force, the term insurance provided by this rider will be continued to the Final Date at no further cost. We will issue a supplementary paid-up policy to the owner of this rider.
- Option to Convert** At any time before this rider ends, you may convert it without evidence of insurability to a new policy on the life of the spouse. To do so, send us a written request and this policy.
- The amount of life insurance provided by the new policy may not be more than the amount of insurance under this rider. The date of the new policy will be the date of conversion.
- The new policy may be on any life plan (but not a term plan) in an amount which is regularly issued at the spouse's age at the time of conversion. The new policy will be in the same underwriting class as this rider. If that class is not offered, the new policy will be in the class closest to it as determined by us.
- Any disability benefit, accidental death benefit, or other riders will be included in the new policy only if approved by us.
- The premium for the new policy will be based on the plan, amount of insurance, any riders included, the spouse's age and sex on the date of the new policy and its underwriting class. Premium rates will be those in effect on the date of the new policy.
- If you convert this rider within 2 years after its date, we will rely on the representations in the application for this rider.
- The "Incontestability" and "Suicide" provisions in the new policy will be measured from the date of this rider rather than from the date of the new policy.

**General Provisions**

- Ownership** The owner of this policy is the owner of this rider while both the insured and the spouse are alive. Such owner will also own any supplementary paid-up policy issued under this rider after the insured dies. However, if the owner is the insured, the spouse will be the owner of any supplementary paid-up policy issued under this rider after the insured dies.

(Continued on reverse side)

## **Rider: Spouse Term Insurance Benefit (Continued)**

### **General Provisions (Continued)**

The owner of the supplementary paid-up policy may exercise all of the rights provided under the paid-up policy, including the right to change the beneficiary.

<b>Beneficiary</b>	If no other beneficiary is named, the insured is the beneficiary of this benefit.
<b>Incontestability</b>	We will not contest the validity of this rider after it has been in force for 2 years from the date of this rider if the insured and the spouse are alive at the end of the 2-year period. We will also not contest the validity of any supplementary paid-up policy issued after the insured dies.
<b>Reinstatement</b>	If you reinstate this policy, this rider may also be reinstated at the same time and under the terms of the "Reinstatement" provision of the policy. You must provide evidence satisfactory to us of the insurability of both the insured and the spouse.
<b>Age</b>	If the age of the spouse on the date of this rider is not correct as shown in the application, we will adjust the benefits under this rider. The adjusted benefits will be those that the cost paid for this rider would have provided at the correct age of the spouse.
<b>Termination</b>	<p>This rider will end (1) on the Final Date or (2) before that date on the earliest of: (a) the end of the grace period of the policy; (b) the date of any conversion of this rider; and (c) immediately before the date of any supplementary paid-up policy issued after the insured dies.</p> <p>You may end this rider on any monthly anniversary by sending us a written request and the policy. We will make the change and return the policy.</p>
<b>Cost of Rider</b>	While this rider is in force, its cost will be a part of the monthly deduction from the cash value. The monthly cost of this rider for each \$1,000 of term insurance will be set by us, from time to time, based on the spouse's age, sex and underwriting class. It will never be more than the maximum cost according to the table on the next page.

### **Exclusion**

<b>Suicide</b>	<p>If the insured or the spouse commits suicide, while sane or insane, within 2 years from the date of this rider, the benefits provided by this rider (or any paid-up policy issued under this rider) will be void. Instead, we will pay an amount equal to the cost of this rider to the date of death without interest.</p> <p>In the case of the insured's suicide, you may convert this rider within 3 months after the death of the insured to a new policy on the life of the spouse under the "Option to Convert" provision of this rider.</p>
----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

  
Christine N. Markussen  
Vice-President and Secretary

**Rider: Spouse Term Insurance Benefit (Continued)****Table of Guaranteed Maximum Costs****(See "Cost of Rider" Provision)**

Spouse's Age at Beginning of Rider Year	Maximum Monthly Cost for Each \$1,000 of Spouse Term Insurance Benefit		Spouse's Age at Beginning of Rider Year	Maximum Monthly Cost for Each \$1,000 of Spouse Term Insurance Benefit	
	Male	Female		Male	Female
10	.224	.155	38	.310	.269
11	.224	.155	39	.330	.288
12	.224	.155	40	.353	.309
13	.224	.155	41	.378	.330
14	.224	.155	42	.407	.354
15	.224	.155	43	.436	.376
16	.224	.155	44	.469	.400
17	.224	.155	45	.503	.424
18	.224	.155	46	.539	.448
19	.229	.158	47	.577	.476
20	.231	.161	48	.618	.505
21	.231	.163	49	.663	.537
22	.231	.165	50	.713	.572
23	.231	.166	51	.770	.608
24	.231	.169	52	.834	.650
25	.231	.171	53	.906	.694
26	.231	.174	54	.984	.739
27	.231	.177	55	1.069	.783
28	.231	.182	56	1.158	.825
29	.231	.186	57	1.251	.865
30	.231	.191	58	1.349	.904
31	.231	.196	59	1.454	.944
32	.234	.202	60	1.569	.991
33	.242	.208	61	1.697	1.046
34	.251	.216	62	1.840	1.112
35	.262	.226	63	1.998	1.187
36	.276	.238	64	2.169	1.264
37	.292	.252			

71ST-82 (87) MIAC A  
82ST-85 (87) MTL A  
71ST-89 A  
82ST-90A

BAAAA0

**Metropolitan Life Insurance Company**

**Rider: Children's Term Insurance Benefit**

This rider is a part of the policy if it is referred to on page 3.

This rider provides level term insurance on each insured child payable to the child's beneficiary if an insured child dies before the end of coverage on that child.

**Insured Child** An insured child is any child, stepchild or legally adopted child of the insured if such child is named in the application for this benefit and is less than 18 years old on the date of the application. An insured child is also any child who, after the date of the application and while less than 18 years old, becomes a child, stepchild or legally adopted child of the insured. However, no child will be covered under this rider while less than 14 days old.

**Date of Rider** The date of this rider is the date of this policy.

**Final Date** The Final Date of this rider is the policy anniversary on which the insured is age 65.

**Term Insurance Benefit** After we receive proof that an insured child died before the end of coverage on that child, we will pay the term insurance benefit to the child's beneficiary. The amount of the term insurance benefit on each insured child is shown on page 3 under "Additional Benefits". The term insurance coverage on each insured child will end on: (1) the insured child's 25th birthday; (2) the Final Date; or (3) the date of any new policy issued on the insured child under the Option for New Policy provision of this rider; whichever comes first.

**Paid-Up Policy** If the insured dies before the Final Date, any remaining insurance on each insured child will be continued for the balance of its term at no further cost. We will issue a supplementary paid-up policy to the owner of such insurance.

**Option for New Policy** An insured child may obtain a new policy on his or her life at any time between the child's 22nd and 25th birthdays or, if earlier, on the Final Date. Evidence of insurability is not required. The amount of life insurance provided by the new policy may be up to 5 times the amount of term insurance on the insured child under this rider.

A written application for a new policy must be made by the insured child, who will be the owner of the new policy.

If the insured child dies within 31 days after the end of the coverage on his or her life and before a new policy has been applied for or has become effective, we will pay the amount of the term insurance on the insured child which had been in effect under the rider. This amount will be paid to the beneficiary of such term insurance.

For the new policy to take effect: (1) the insured child must be alive and this policy must be in force on the applicable option date; and (2) the full first premium for the new policy must be paid while the insured child is alive.

The new policy may be on any life plan (but not a term plan) in an amount which is regularly issued at the insured child's age on the date of the new policy. The new policy will be in the standard underwriting class. Any disability benefit, accidental death benefit, or other riders will be included in the new policy only if approved by us.

The premium for the new policy will be based on the plan, amount of insurance, any riders included, the insured child's age and sex on the date of the new policy, and the standard underwriting class. Premium rates will be those in effect on the date of the new policy. The policy provisions will also be those in effect on the date of the new policy, including any war or aviation restrictions that are then regularly included in policies being issued.

(Continued on reverse side)

## **Rider: Children's Term Insurance Benefit (Continued)**

### **Effect on Policy Provisions**

<b>Ownership</b>	<p>The owner of this policy is the owner of this rider while the insured is alive. The owner may, while an insured child is alive, exercise all the rights under this policy with respect to the insurance on that child; except that the right to obtain a new policy on an insured child may be exercised only by that child.</p> <p>The owner will also own any supplementary paid-up policy issued under this rider. However, if the insured is the owner of this policy, each insured child will be the owner of any supplementary paid-up policy on his or her life issued under this rider after the insured dies.</p>
<b>Beneficiary</b>	<p>If no other beneficiary is named, the insured is the beneficiary of an insured child's insurance under this rider and the child's estate is the contingent beneficiary of that insurance. While an insured child is alive, you may change that child's beneficiary or contingent beneficiary.</p>
<b>Incontestability</b>	<p>We will not contest the validity of this rider with respect to coverage on any insured child after it has been in force for 2 years from the date of the rider if the insured and that insured child are alive at the end of the 2-year period. We will also not contest the validity of any supplementary paid-up policies issued after the insured dies.</p>
<b>Reinstatement</b>	<p>If you reinstate this policy, this rider may also be reinstated at the same time and under the terms of the reinstatement provision of the policy. You must provide evidence satisfactory to us of the insurability of any child who is to be insured on or within 14 days after the date of reinstatement. If satisfactory evidence is not provided for any child, the rider may be reinstated but with that child excluded from coverage until such evidence is provided.</p>
<b>Termination</b>	<p>This rider will end on the earliest of: (1) the Final Date; (2) the end of the grace period of the policy; (3) immediately before the date of any supplementary paid-up policy issued after the insured dies; whichever comes first.</p> <p>You may end this rider on any monthly anniversary by sending us a written request and the policy. We will make the change and return the policy.</p>
<b>Cost of Rider</b>	<p>While this rider is in force, its cost will be a part of the monthly deduction from the cash value. The monthly cost of this rider for each \$1,000 of term insurance will be set by us, from time to time. It will never be more than \$.60 for each \$1,000 of term insurance provided by this rider.</p>

### **Exclusion**

<b>Suicide</b>	<p>If the insured commits suicide, while sane or insane, within 2 years from the date of this rider, the benefits provided by the rider (or any paid-up policy issued under the rider) will be void. Instead, we will pay an amount equal to all premiums paid for this rider, without interest. Also, each insured child (or child's legal guardian) may, within 3 months after the death of the insured, obtain a new policy on his or her life. The amount of life insurance under the new policy may not be more than the amount of term insurance on the insured child under this rider. In all other respects, the conditions which apply to the new policy will be as set forth in the "Option for New Policy" provision of this rider.</p>
----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

  
Christine N. Markussen  
Vice-President and Secretary

Name of Insured/Annuitant/Applicant

LAMONT LOUDENSLAGER

Agency

859

113831089 0

District/Branch

C11

11/8/95

Application Amendment

Application Number

101348377

Date of this Form

10/02/95

Policy/Contract Number

958 201 834 UM

To ☒ Metropolitan Life Insurance Company:☐ Metropolitan Insurance and Annuity Company:☐ Metropolitan Tower Life Insurance Company:

I amend the application referred to above, as follows:



DO NOT ALTER OR AMEND THIS FORM (SEE INSTRUCTIONS)

AMEND SURNAMES ON PAGE 7 TO LOUDENSLAGER

AMEND 11E TO YES-WIFE KYM HAD APPENDIX OUT IN 2ND GRADE

This application amendment is part of the application referred to above and is subject to the agreements in that application. The application and this amendment are part of the policy/contract to which they are attached.

To the best of my knowledge and belief, the statements and answers in the application as amended by this form are true and complete as of the date this form is signed. There are no facts or circumstances which would require a change in the answers in the application, except as shown above.

I further certify that I have received the policy/contract numbered above and that I signed the exact copy of this amendment form that remains attached to this same policy.

Witness (Licensed Resident Agent)	Place	Mo. Day. Yr.	Signature
<i>[Signature]</i>	LARAMIE, RI	11/2/95	<i>[Signature]</i>
Witness to Signature (A)			(A) Insured/Annuitant/Applicant
Witness to Signature (B)			(B) Spouse (if Spouse signed application)
Witness to Signatures in (C) or (D)			(C) Owner (if other than (A) above)

If Owner is a firm, corporation or trust, enter full name on line (C) and have one or more partners, officers or trustees sign on line (D), and give their titles.

(D)

Return signed forms to

MID-AMERICA

Head Office/Home Office

New Business Processing Center

Unit



\* 2 3 9 1 9 5 8 2 0 1 8 3 4 U M , , 5 2 9 N \*

Best Image Quality





Metropolitan Life Insurance Company  
Metropolitan Life Insurance and Annuity Company

101232075

## PART A -- APPLICATION FOR LIFE INSURANCE

1.  
Identity of  
Proposed  
Insured

**LAMONT LOUDENSLAGER**  
Full Name First, Middle Initial, Last Name

**M MARRIED** **54**  
Sex Marital Status Date of Birth Mo / Day / Yr.

**SD USA**  
State/Country of Birth

Co. Use  
Enter Age  
Last Birthday

**5'10"**  
Height  
Ft. In.

**165**  
Weight  
Pounds

**88,000**  
Total Life Insurance  
in all companies  
(including Metropolitan)

**4847**  
Social Security Number

2.  
Address

Mailing Address of Proposed Insured, or Owner if named in Item 6, Number, Street, City or Town, State and Zip Code

3.  
Plan

**FPMLI**  
(a.) PLAN (For VLI or FPMLI Complete Supplement II to Part A)

**\$ 100,000**  
(b.) AMOUNT (The Specified Face Amount or Guaranteed Insurance Amount)

(c.) COMPLETE FOR UNIVERSAL LIFE PLANS

- I. Death Benefit Option (check one):  
☒ Option A (Specified Face Amount)  
☐ Option B (Specified Face Amount PLUS the accumulation fund or cash value)

(d.) For a qualified Plan specify:

- I. Type of Plan  
☐ II. New Plan  
☐ III. Existing Plan-  
 Employer Group No.

II. Planned Premium Amount \$

(e.) State any Special Request

4.  
Optional  
Benefits

- ☐ Disability Waiver ☐ 1 Year Cost of Living ☐ 10 Year Term \$ ☐ Guaranteed Issue:  
☐ Accidental Death ☐ 1 Year Term \$ ☐ 20 Year Family Income \$ ☐ Option Amount

5.  
Premium  
Payments

(a.) Select a mode of payment which is available with the plan applied for:

- ☐ Annual ☒ C-O-M ☐ Govt. Allot.-Mil. ☐ Govt. Allot.-Civ. ☐ Sal. Sav. ☐

(b.) Amount paid with application: ☐ None This Amount ☒ is at least equal to one C-O-M premium ☐ is not

6.  
Owner/  
Contingent  
Owner

(a.) Owner if other than Proposed Insured Relationship to Proposed Insured Date of Birth Social Security # or Tax I.D. #  
 (Full Name of person or firm)

(b.) Contingent Owner (Full Name) Relationship to Proposed Insured Date of Birth Social Security # or Tax I.D. #

(c.) ☐ Check here if Proposed Insured is to become the Owner if pre-deceased by both the Owner and Contingent Owner, if any, indicated above (only applicable if Proposed Insured is age 15 or over)

7.  
Beneficiary/  
Contingent  
Beneficiary

**KYM LOUDENSLAGER** **SPOUSE** **57**  
(a.) Revocable Beneficiary (Full Name) Relationship to Proposed Insured Date of Birth

(b.) Revocable Contingent Beneficiary (Full Name) Relationship to Proposed Insured Date of Birth

(c.) ☐ Check here if all present and future children born of the marriage of Proposed Insured and current spouse are to be included as contingent beneficiaries.

(d.) Address of Beneficiary or Contingent Beneficiary, if different from address in Item 2

NOTE: (a) Unless indicated otherwise, if more than one beneficiary is alive when the insured dies, we will pay them in equal shares. If no beneficiary is alive when the insured dies, the contingent beneficiary will become the beneficiary. (b) Any entry in Item 7 is invalid for a Corporate Pension or Profit-Sharing Plan or Public Employee Deferred Compensation Plan. (c) A check in Item 7(c) above is valid only if the proposed insured's current spouse is named as the beneficiary.



8. Occupation (a.) Occupation of Proposed Insured - Job Title and Duties

Pastor  
First Baptist

(b.) Employed by

(c.) Actively at Work? (If a homemaker, are you performing regular household duties; if a student, are you attending school regularly? If No, attach explanatory letter)

5 YR  
How Long?

Yes ☒ No ☐

9. Tobacco Indicate date Proposed Insured last smoked/used

Use

cigarette

cigar

pipe

smokeless tobacco

10. Attending Physician

(a.) Name and address of personal physician, practitioner or health facility used by Proposed Insured

(b.) Date of last consultation

(c.) Reason for consultation and diagnosis, treatment and advice

ITEMS 11 AND 12 APPLY TO AND ARE TO BE COMPLETED FOR ALL PERSONS TO BE INSURED.

11. Medical Data

For any Yes answers, give details below.

Has any person proposed for insurance

- (a.) In the last five years, been treated, examined, or advised by any physician, practitioner, or health facility? (Do not include colds, minor viruses or minor injuries which prevented normal activities for a period less than 5 days)
- (b.) Ever received treatment, attention, or advice from any physician, practitioner, or health facility for, or been told by any physician, practitioner, or health facility that such person had heart trouble, chest pain, high blood pressure, diabetes, lung disease, tumor, or cancer?
- (c.) In the last two years, had persistent cough, pneumonia, chest discomfort, muscle weakness, unexplained weight loss of ten pounds or more, swollen glands, patches in mouth, visual disturbance or recurring diarrhea, fever, or infection?
- (d.) In the last five years, received or applied for disability or hospitalization benefits from any source?
- (e.) Ever had any surgical operation not revealed in previous questions or gone to a hospital, clinic, dispensary, or sanitarium for observation, examination, or treatment not revealed in previous questions?
- (f.) Had a parent, brother, or sister with heart or coronary artery disease, high blood pressure, cancer or diabetes? (If Yes, give details for each person including age at onset and age at death if applicable.)

#### Details

Item No.	Name of Person	Name and Address of Each Physician, Practitioner and Health Facility	Dates and Durations	Nature and Severity of Condition, Frequency of Attacks, Specific Diagnosis and Treatment

Details for Yes answers to Items (d) and (f)

Best Image Quality

Has an: person proposed for insurance

- ## Details

הערה

**Driver's License Data**

**In ALL cases, give name, driver's license number and state of issue for each person to be insured.**

LAMONT A.  
LONDENSLAGER

AS

**Agreement**

I have read this application and agree that all statements and answers are true and complete to the best of my knowledge and belief. It is also agreed that:

- The statements and answers in Part A and if applicable Supplements I and II to Part A, Part B and the Aviation and/or Avocation Questionnaire, are the basis of any policy issued
- No sales representative or other person except the President, Secretary or a Vice-President of Metropolitan may (a) make or change any contract of insurance, or (b) make any binding promises about insurance benefits; or (c) change or waive any of the terms of an application, receipt or policy
- No information about any person to be insured will be considered to have been given to Metropolitan unless it is stated in this application
- Except as set forth in the Receipt and Temporary Insurance Agreement, Metropolitan will have no liability until a policy is delivered personally to the owner and the full first premium due is paid. The policy will then be in effect as of its date of issue. But it will not be in effect unless at the time it is delivered
  - the condition of health of each person to be insured, and of the applicant if the Applicant's Waiver of Premiums Benefit is applied for, is the same as given in the application; and
  - no person to be insured, nor the Applicant if the Applicant's Waiver of Premiums Benefit is applied for, has received any medical advice or treatment from a physician or other practitioner since the date of the application.
- If any annual dividends are payable on a policy issued under this application, they may be taken in cash or used in any other way provided by the policy. A choice may be made by an entry in Item 3(e). If there is no such entry, annual dividends will be: (a) left with Metropolitan to earn interest if the policy is a Term Plan or if Item 3(d) is checked, or (b) used to buy paid-up additional insurance if the policy is a Life plan and Item 3(d) is not checked; or (c) used as stated in the policy applied for

If dividends are left with Metropolitan to earn interest and Item 3(a) is not checked, the owner certifies, under penalty of perjury, that the owner's Social Security or Tax I.D. number shown in Item 1 or 6(a) is correct and the owner

☐ is subject to a backup withholding order issued by the IRS.  
☒ is not

WITNESS

(Licensed Representative)

PLACE

(City/State/Zip Code)

Mo Day Yr

SIGNATURE

*D. A.*  
 Witness to Signature in (A)

*LORRAINE, K*

*6/22/95*

*[Signature]*  
 (A) Proposed Insured (Age 25 or Over)

Br/Dist. No *C-11* Agent *859* No. *4*

*D. A.*  
 Witness to Signature in (B)

*LORRAINE, K*

*6/22/95 K. Lorraine*  
 (B) Other Proposed Insured

Witness to Signature in (C) (if (C))

(C) Owner (if named in Item 6)

If Owner is a firm or corporation, enter the name (C) full business name as it appears on Item 6, and have a partner or officer (older than Proposed Insured) sign on line (D) and give title

(D)

Sign Date

Title

Complete this form for a Juvenile Policy. Also be signed to complete Part 6 and have Owner sign in (C) above

Witness to Signature in (E)

(E) Applicant (Juvenile Policy)

Witness to Signature (F)

(F) Child (required only if a New York State resident and exact age is between 14½ and 15)

Also to be signed below if Applicant or Owner is not a parent, guardian or person liable for child's support.

I consent to this application for insurance on the life of the Proposed Insured. I have read the answers in this application, and they are true and complete to the best of my knowledge and belief.

Witness to Signature in (G)

(G) Parent, Guardian or Person Liable for Child's Support

Best Image Quality

**SUPPLEMENT I TO PART A**  
**Other Persons to be Insured by Riders**

## 1. Identity of other Persons to be insured

101232045 5

Full First Name, Middle Initial, Last Name

KYM  
KALAE

Relationship to Proposed Insured	Sex	Date of Birth Mo./Day/Yr.	State/Country of Birth	Co. Use Enter Age Last Birthday	Height Ft. In.	Weight Pounds	Total Life Insurance in all companies (including Metropolitan)	Social Security Number
F Spouse		11/15/57	Mex/USA		5'3"	110	\$0.00	9352
F daughter		10.13/USA			5'3"10"	55	4,000	3647

## 2. Benefits (if available with the plan applied for)

- ☐ Income Benefit on Insured Spouse \$
- ☐ Spouse 10 Year Term Rider \$
- ☐ Applicant's Waiver of Premiums Benefit (AWB) (Include applicants name in Item 1. above.)

☒ Spouse 1 Year Term Rider \$50,000

☒ Children's Term \$5,000  
 (Enter the names of all eligible children in Item 1. above.)

## 3. Occupation of Spouse or Applicant for AWB

Homemaker  
 (a.) Job Title and Duties

(b.) Employed by

(c.) Actively at work? (If a homemaker are you performing regular household duties? If a student, are you attending school regularly? If No, attach explanatory letter.)

17 Yrs  
 How Long

Yes ☒ No ☐

## 4. Tobacco Use

Indicate date Spouse or Applicant for AWB last smoked/used:

cigarette  
☒ nevercigar  
☒ neverpipe  
☒ neversmokeless tobacco  
☒ never

## 5. Attending Physician

(a.) Name and address of personal physician, practitioner or health facility used by Spouse or Applicant for AWB

(b.) Date of last consultation

(c.) Reason for consultation and diagnosis, treatment and advice.

**Complete if Principal Proposed Insured is a Dependent Spouse or a Minor**

## 6. If Principal Proposed Insured is a Dependent Spouse

- (a.) Name of Proposed Insured's Spouse
- (b.) Total amount of Life Insurance in force on Proposed Insured's Spouse \$
- In which companies:
- (c.) Is separate application being concurrently submitted on Proposed Insured's Spouse? Yes ☐ No ☐
- If Yes, give details:

## 7. If Dependent or Partly Dependent Minor, including College Students

- State total life insurance on other family members. (See Rate Manual for insurance requirements on head of family):
- |            | Amount In Force—Applied for | Age | Amount In Force—Applied for |
|------------|-----------------------------|-----|-----------------------------|
| (Father)   |                             |     |                             |
| (Brothers) |                             |     |                             |
| (Sisters)  |                             |     |                             |
| (Mother)   |                             |     |                             |

**Best Image Quality**

Part B, C, Use Only

131232345 23

- ☒ METROPOLITAN LIFE INSURANCE COMPANY  
☐ METROPOLITAN INSURANCE AND ANNUITY COMPANY  
☐ METROPOLITAN TOWER LIFE INSURANCE COMPANY

Supplement to Part A, Application for Life Insurance Dated 8/22, 1995

In connection with the issue of the policy applied for, have you replaced or is it your intention to replace any of your existing policies by:

1. Stopping premium payments or cash surrendering? Yes ☐ No ☒  
2. Changing your policy(ies) in any way? (If Yes, give details below.) Yes ☐ No ☒  
3. Borrowing in a single sum or setting up a systematic schedule of borrowing? (If Yes, give details below.) Yes ☐ No ☒

Policy Number(s) \_\_\_\_\_

Plan of Insurance \_\_\_\_\_

Amount of Insurance  
Basic \_\_\_\_\_

Riders (Term) \_\_\_\_\_

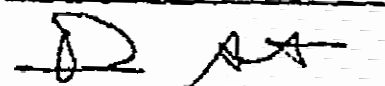
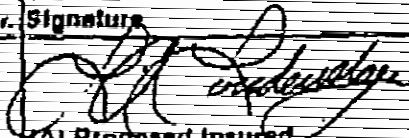
Date of Issue \_\_\_\_\_

Company \_\_\_\_\_

Details:

## AGREEMENT

All statements and answers in this application supplement are true and complete to the best of my knowledge and belief. It is agreed that such statements and answers will be part of Part A of the application.

Witness (Licensed Resident Agent)	Place	Mo/Day/Yr.	Signature
	LORRAINE F. S.	8/22/95	
Witness to Signature in (A)			(A) Proposed Insured
Witness to Signature in (B)			(B) Owner (If other than Proposed Insured)

038 KY-SUPP (1-84) Printed in U.S.A.

Best Image Quality



## Supplement II to Part A

Application No.

101348577

Case No.

☐ Metropolitan Life Insurance Company  
☐ Metropolitan Tower Life Insurance Company

### Flexible Premium Multifund Life (FPMLI)

#### 1. Investment Division/Account Allocation

Select the percentage of premium to be allocated to each division/account. For each division/account to which an allocation is made the percentage must be a whole number and must be at least 10% (Enter zero for any division/account to which no allocation is made). The percentage will apply to future premiums unless changed by the owner.

Division/Account	Allocation
Growth	%
Income	%
Money Market	%
Diversified	%
Aggressive Growth	%
International Stock	%
Stock Index	%
Fixed	%
Other	%
(Specify)	100%

#### 2. Suitability

Applies to both Proposed Insured (Applicant for Juvenile policy) and Owner if Owner is other than Proposed Insured:

- (a) Have you received a prospectus for the policy indicated above? Yes ☒ No ☐  
Edition date of Prospectus 5-1-95  
Edition dates of any supplements 5-1-95
- (b) Have you received a prospectus for the Metropolitan Series Fund? Yes ☒ No ☐  
Edition date of Prospectus 5-1-95  
Edition dates of any supplements 5-1-95
- (c) Do you understand that under the policy indicated above (exclusive of any optional benefits):
- (i) the amount of death benefit in excess of the Specified Face Amount for FPMLI policies may increase or decrease depending on the policy's investment experience? Yes ☒ No ☐
  - (ii) the duration of the death benefit for FPMLI policies may increase or decrease depending on the policy's investment experience? Yes ☒ No ☐
  - (iii) the cash value may increase or decrease depending on the policy's investment experience? Yes ☒ No ☐
- With this in mind, do you believe that the policy indicated above is in accord with your insurance objectives and financial needs? Yes ☒ No ☐

Note: upon request, we will furnish illustrations of benefits, including death benefits and cash values, for (a) the policy applied for and (b) a fixed benefit life insurance policy for the same premium.

It is understood that, as specified in 2.(c) above, the amount and/or the duration of the Death Benefit and the amount of the Cash Value may increase or decrease based on the investment experience of the applicable Separate Account and are not guaranteed.

WITNESS (Licensed Resident Agent)	PLACE (City/State where Signed)	Mo. Day Yr.	Signature
	LORRAINE, NJ	8/23/95	
Witness to Signature in (A)			(B) Proposed Insured (Age 15 or Over)
Witness to Signature in (B)			(B) Owner (if named in Part A)

If Owner is a firm or corporation, enter on line (B) full business name as it appears in Part A and have one or more partners or officers (other than Proposed Insured) sign on line (C), and give their titles.

(C)

Complete Only for a Juvenile Policy. Also, be sure to complete Owner Designation in Part A and have Owner sign in (B) above.

Witness to Signature in (D)	(D) Applicant (Juvenile Policy)
Witness to Signature in (E)	(E) Child (required only if a New York State resident and exact age is between 14½ and 15)
Also to be signed below if Applicant or Owner is not a parent, guardian or person liable for child's support. I consent to this application for insurance on the life of the Proposed Insured. I have read the answers in this application, and they are true and complete to the best of my knowledge and belief.	Best Image Quality
Witness to Signature in (F)	(F) Parent, Guardian or Person Liable for Child's Support

## Table of Contents

<b>Policy Specifications</b>	Page 3, 3.1	<b>Index of Investment Experience Value</b>	Page 12 12	<b>Change of Ownership Beneficiary</b>	Page 18 18
<b>Table of Guaranteed Maximum Insurance Rates</b>	4	<b>Owner's Right to Change Allocation</b>	13	<b>How to Change the Owner or the Beneficiary</b>	18
<b>Description of Investment Divisions in the Separate Account</b>	5	<b>Payments During Insured's Lifetime</b>	14	<b>Collateral Assignment</b>	18
<b>Definitions</b>	6	<b>Payment on Final Date of Policy</b>	14	<b>General Provisions</b>	18
<b>Payment When Insured Dies</b>	7	<b>Full and Partial Cash Withdrawal</b>	14	<b>The Contract</b>	18
Insurance Proceeds	7	<b>Surrender Charges</b>	14	<b>Limitation on Sales</b>	
Death Benefit	7	<b>Policy Loan</b>	16	Representative's or Other Person's Authority	18
Minimum Death Benefit	8	<b>Loan Repayment</b>	16	<b>Incontestability</b>	18
Death Benefit Adjustment	8	<b>Effect of a Policy Loan on the Cash Value</b>	16	<b>Age and Sex</b>	19
<b>Monthly Deduction</b>	9	<b>Deferment</b>	16	<b>Nonparticipation</b>	19
Cost of Term Insurance	9	<b>Premiums</b>	17	<b>Computation of Values</b>	19
<b>Fixed Account</b>	9	<b>Premium Payments</b>	17	<b>Annual Reports</b>	19
Value	9	<b>Limits</b>	17	<b>Illustration of Future Benefits</b>	19
Interest Rate	10	<b>Grace Period</b>	17	<b>Exclusion</b>	19
<b>Separate Account</b>	11	<b>Reinstatement</b>	17	Suicide	19
Investment Divisions	11	<b>Ownership and Beneficiary</b>	18	<b>Methods of Payment</b>	19
Our Right to Make Changes	11	Owner	18	Other Frequencies and Plans	20
				Choice of Payment Plans	20
				Limitations	20
				Payment Plan Rates	20
				Minimum Payments Under Payment Plans	21

Page 2 has intentionally been left blank.

Any riders for additional benefits follow page 21.

### Notice

When you write to us, please give us your name, address and policy number. Please notify us promptly of any changes. We will write to you at your address last known to us.

Checks, drafts or money orders may be drawn to the order of Metropolitan Life Insurance Company (or "Met Life"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If we do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

Metropolitan Life Insurance Company  
Home Office  
One Madison Avenue  
New York, New York 10010-3690

\* DUPLICATE POLICY

Countersigned and Delivered \_\_\_\_\_ 19 \_\_\_\_ By \_\_\_\_\_